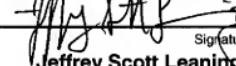


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Attorney Docket No.: <b>62922.000002</b>	
In re Application Of	Anthony C. FASCENDA		
Application Number	10/679,472		
Filed	October 7, 2003		
For	Self-Managed Network Access Using Localized Access Management		
Group Art Unit	2153		
Examiner	Unknown		
Confirmation Number	<b>6665</b>		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.			
The requested extension and appropriate fee is as follows:			
	Large Entity	Small Entity	Amount
<input type="checkbox"/> One Month	\$ 120.00	\$ 60.00	\$
<input type="checkbox"/> Two Month	\$ 460.00	\$ 230.00	\$
<input checked="" type="checkbox"/> Three Month	\$1050.00	\$ 525.00	<b>\$525.00</b>
<input type="checkbox"/> Four Month	\$1640.00	\$ 820.00	\$
<input type="checkbox"/> Five Month	\$2230.00	\$1115.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <b>50-0206</b> . A duplicate of this sheet is attached.			
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96.); <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
<u>February 7, 2008</u>		 Signature <b>Jeffrey Scott Leaming</b> Typed or Printed Name	
<u>51,184</u>			
Registration Number (if applicable)			
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of <u>1</u> form(s) is/are submitted.			